

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032248

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318
FILED AUG 12 1962

Primary Registration District No.

1003

Registrar's No.

7821

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ALEXIAN BROS HOSP.</u>		d. STREET ADDRESS (If outside, give location) <u>8222 WATER ST.</u>	
3. NAME OF DECEASED (Type or print) First <u>ELMER</u> Middle <u>W</u> Last <u>BARBER</u>		4. DATE OF DEATH Month <u>AUG</u> Day <u>8</u> Year <u>1962</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>SEPT 15 1901</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <u>SCORE SET MAN CORRUGATING GAYLORD CONTAINER</u>		11. BIRTHPLACE (City, and state or country) <u>MISSOURI</u>	
13a. FATHER'S NAME <u>FRANK BARBER</u>		14. NAME OF HUSBAND OR WIFE <u>ELIZABETH BARBER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>BRONCHOGENIC CA</u>		17. INFORMANT Address <u>ELIZABETH BARBER 8222 WATER ST</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>162.1</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>2:30</u> a.m. <u>PM</u> Month, Day, Year <u>5-1-1962</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>ST. LOUIS</u> COUNTY <u>MO.</u> STATE <u>MO.</u>	
21. I attended the deceased from <u>5-1-1962</u> to <u>8-8-62</u> and last saw him alive on <u>8-7-62</u> Death occurred at <u>2:30 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>William George [Signature]</u> (Degree or title)		22b. ADDRESS <u>3720 Washington</u>	
22c. DATE SIGNED <u>8-8-62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	
23b. DATE <u>AUG 11 1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MT. HOPE CEMETERY</u>	
23d. LOCATION (City, town, or county) <u>ST. LOUIS</u>		23e. STATE <u>MO.</u>	
24. FUNERAL DIRECTOR <u>Thomas Kutis 2906 Gravois</u>		25. DATE RECD. BY LOCAL REG. <u>AUG 10 1962</u>	
26. REGISTERAR'S SIGNATURE <u>[Signature]</u>		26. REGISTERAR'S SIGNATURE <u>[Signature]</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr Hilbert 2720 Washington
St 1-1232

or by _____, Student Embalmer No. _____

Student _____

Signed

P. O. Address 7906 Gravers

If this body is not embalmed, fact should be so stated above.